

2403

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>98</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>371</u>	
Town of <u>Miami</u>		Local Registrar's No. _____	
City of _____	(No. _____)	St. _____	Ward) _____
FULL NAME OF CHILD <u>Loris Marian Huggins</u>		Born } YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive } NO	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>June 2</u> 191 <u>9</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Marion Sims Huggins</u>	Full Maiden Name <u>Grace Carner</u>		
Residence <u>Roosevelt, Ariz</u>	Residence <u>Roosevelt, Ariz</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>		
Age at last Birthday <u>27</u> (Years)	Age at last Birthday <u>22</u> (Years)		
Birthplace <u>Mo.</u>	Birthplace <u>Calif.</u>		
Occupation <u>Switch board operator</u>	Occupation <u>Housewife</u>		
Number of child of this mother... <u>1</u>	Number of Children, of this mother, now living... <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on June 2 1919, at 7:25 PM.

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) CR Swackhamer MD
(Attending physician, midwife, householder. *)

Given or Christian name added from a supplemental report _____ 1919

Address Miami, Ariz.

Filed July 20 1919

482-602-739
COUNTY REGISTRAR.

True Copy
AUG 6 1919
LOCAL REGISTRAR.
COUNTY REGISTRAR.